PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

OSTEONICS 3.0-454 Attorney Docket No. First Inventor Denis Pichon

Title | FEMORAL PROSTHESIS

(Only for new nonprovisional applications under 37 CFR 1.53(b))									
Expr	ss Mail Label No. L ' EV313691968US								
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
	7 CFR 1.76:								
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS									
X Customer Number: 000530	OR Correspondence address below								
Name									
Address									
City State	Zip Code								
Country Telephone	Fax								
Name (Print/Type) Raymone W. Augustin	Registration No. (Attorney/Agent) 28,588								
Signature May W. Megust	Date March 8, 2004								

481364_1.DOC

PTO/SB/17 (10-03)

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FEE TO A NOMITTAL	Complete if Known						own		
FEE TRANSMITTAL			Application Number No				Not Yet Assigned		
for FY 2004			Filing Date			Concurrently Herewith			
			First Named Inventor			Denis Pichon			
Effective 10/01/2003, Patent fees are subject to annual revision.			Examiner Name			Not Yet Assigned			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit			N/A			
TOTAL AMOUNT OF PAYMENT (\$) 950.00			Attorney Docket No. OSTEONICS 3.0-454						
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
Check Credit Money Other None	3. ADDITIONAL FEES								
Card Order Street 3. ADDITIONAL LEG									
X Deposit Account:	Large Entity Small Entity								
Deposit Account 12-1095	Fee	Fee	Fee	Fee	-	Fee Desc	rintion		
Number	Code	(\$)	Code	(\$)		i ee Desc	· iptioii	Fee Paid	
Deposit Lerner, David, Littenberg,	1051	130	2051 65 Surcharge – late filing fee or oath				e or oath		
Name Krumholz & Mentlik, LLP The Director is authorized to: (check all that apply)	1052	2 50 2052 25 Surcharge – late provisional filing fee of sheet.				nal filing fee or cover			
	1053	130	1053	130		h coocification		\vdash	
	i				_	h specification		\vdash	
Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	-		earte reexamination		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*		esting publication of SIR prior to niner action			
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner a	esting publication of SIR after			
FEE CALCULATION	1251	110	2251	55		for reply within	first month		
1. BASIC FILING FEE	1252	420	2252	210	Extension t	for reply within	second month		
Large Entity Small Entity	1253	950	2253	475	Extension t	for reply within	third month		
Fee Fee Fee Fee <u>Fee Description</u> Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension f	for reply within	fourth month		
1001 770 2001 385 Utility filing fee 770.00	1255	2,010	2255	1,005	Extension t	for reply within	i fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal				
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal			\vdash	
1004 770 2004 385 Reissue filing fee	1403 1451	290 1,510	2403 1451	145	Request for oral hearing Petition to institute a public use proceeding				
	1451	110	2452	55	· · · · · · · · · · · · · · · · · · ·			 	
SUBTOTAL (1) (\$) 770.00	1453	1,330	2453	665	Petition to revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue	e fee (or reissu	ie)		
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issu	ue fee			
Total Claims 30 -20** = 10 x 18.00 = 180.00	1503	640	2503	320	Plant issue	fee			
Independent 3 -3** = x = 0.00	1460	130	1460	130	Petitions to	the Commiss	sioner		
Multiple Dependent =	1807	50	1807	50	Processing	fee under 37	CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submission	n of Informatio	n Disclosure Stmt		
Fee Fee Fee Fee Fee Description	8021	40	8021	40		each patent a mes number o	ssignment per		
Code (\$) Code (\$)	1809	770	2809	385	Filing a sub	omission after	final rejection	\vdash	
1201 86 2201 43 Independent claims in excess of 3					(37 ČFR 1.		ation to be		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	examined (For each additional invention to be examined (37CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE) Request for expedited examination			\square	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		r expedited ex application	tamination		
and over original patent	Other	Other fee (specify)							
SUBTOTAL (2) (\$) 180.00	*Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00							
**or number previously paid, if greater; For Reissues, see above									
SUBMITTED BY	D- 11					T -	(if applicable))		
Name (Print/Type) Raymond W. Augustig	Registration No. (Attorney/Agent) 28,588 Telephone (S					(908) 518-6318			
Signature Date March 8, 2004									
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